| CONTRACT COMPLETION STATEMENT | | | |
|--|----------------------------------|---------------------------------------|-------------------------------|
| 1. FROM: (Contract Administration Office) DLA DISTRIBUTION 430 MIFFLIN AVENUE SUITE 3102A NEW CUMBERLAND PA 17070-5008 USA | | 2a. PII NUMBER SP330012C0041 | |
| | | 2b. LAST MODIFICATION NUMBER | |
| | | P00012 2c. CALL/ORDER NUMBER | |
| | | 20. CALLORDER NOWIDER | |
| 3. TO: (Name and Address of Purchasing Office and Office Symbol of the PCO, if known) | | 4. CONTRACTOR IDEA CODE AND ADDRES | |
| DLA DISTRIBUTION | | MIDATLANTIC CONST 126 LEXINGTON ST | TRUCTION & DESIGN |
| 430 MIFFLIN AVENUE SUITE 3102A | | TRENTON NJ 08611- USA | 2916 |
| NEW CUMBERLAND PA 17070-5008 USA | | 5. EXCESS FUNDS YES NO | |
| | | | |
| 6a. IF FINAL PAYMENT HAS BEEN MADE, COMPLETE | 6b. VOUCHER NUMBER | \$ | 6c. DATE |
| ITEMS 6b., AND 6c. | OD. VOOCHER NOMBER | | OC. DATE |
| 7a. IF FINAL APPROVED INVOICE FORWARDED TO D.O. OF ANOTHER ACTIVITY AND STATUS OF PAYMENT IS UNKNOWN, COMPLETE ITEMS 7b. and 7c. | 7b. INVOICE NUMBER 5111652896 | | 7c. DATE FORWARDED 3/10/20 |
| 8. REMARKS | | | |
| Electronically Closed | | | |
| 9a. ALL ADMINISTRATION OFFICE ACTIONS REQUIRED HAVE BEEN FULLY AND SATISFACTORILY ACCOMPLISHED. THIS INCLUDES FINAL SETTLEMENT IN THE CASE OF A PRICE REVISION CONTRACT | | | |
| 9b. TYPED NAME OF RESPONSIBLE OFFICIAL | 9c_SIGNATURE | | 9d. DATE |
| Mogen Gilson | | | 7/27/20 |
| FOR PURCHASING OFFICE USE ONLY 10a. ALL PURCHASING OFFICE ACTIONS REQUIRED HAVE BEEN FULLY AND SATISFACTORILY ACCOMPLISHED. CONTRACT FILE | | | |
| OF THIS OFFICE IS HEREBY CLOSED AS OF: | | | |
| DATE SHOWN N ITEM 9d. ABOVE. | | | |
| DATE SHOWN IN ITEM 10e BELOW. (Check this box only if final completion of any significant purchasing office action extend more than three months beyond close-out date shown in item 9d. above. In such cases, submit a copy of the completed form upon final accomplishment of all purchasing office actions to the contgract administration office. (Upon receipt, the contract administration office shall extend its contract file close-out date accordingly.)) | | | |
| 10b. REMARKS | | | |
| | | | |
| 10c. TYPED NAME OF RESPONSIBLE OFFICIAL | 10d. SIGNATURE | | 10e. DATE |
| | | | |